

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BBS	70385	
O.I.P.E. CLASSIFIER		42	9/10/00
FORMALITY REVIEW	DWK	691607	10/16/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

X ..... Selected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

**BEST AVAILABLE COPY**

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here